

South Dakota Arts Council

711 E. Wells Avenue, Pierre, SD 57501
(605)773-3301 or 1-800-952-3625
Website: www.artscouncil.sd.gov

SOSS Grant Application

Read Grant Guidelines and follow the steps listed under Application Procedure.

Applicant Organization (Please type or print)			TIN Number	Duns Number
Mailing Address	City	State	Zip	Daytime Phone
Evening or Message Phone	E-mail Address		Website	
Contact Person	Daytime Phone		Evening or Message Phone	
Mailing Address	City	State	Zip	E-mail Address
Project Title				

Grant Application Codes (Select only one code for each)		Grant period:	
Type of Activity	_____	Start Date	_____
Applicant Status	_____	End Date	_____
Applicant Institution	_____	Grant Amount Requested:	_____
Applicant Discipline	_____	Number of Individuals to Benefit:	_____
Project Discipline	_____	Number of Children and Youth to Benefit:	_____
		Number of Artists Participating:	_____

Summary of applicant organization's mission and goals: (Use only the space provided.)

AGREEMENT: I certify that the application information is true and complete to the best of my knowledge. I understand and agree that any funds granted as a result of this application are to be used for the purposes set forth herein. It is agreed that the undersigned is the individual authorized to commit the applicant to abide by the relevant Terms, Conditions and Guidelines as printed in the SDAC *Guide To Grants*. In addition, the undersigned gives SDAC permission to duplicate submitted documentation for use in the grant review process.

Authorizing Official:	Signature	Title	Date
Address	City	State	Zip
			Telephone

SOSS GRANT APPLICATION

BUDGET INFORMATION

Applicant Organization

Project Title

Round all amounts to the nearest dollar. (Additional budget information may be submitted on an additional sheet of paper.)

EXPENSES	Cash Operating Expenses Most Recent Fiscal Year Ending	Operating Budget Current Fiscal Year Starting
A. Personnel Administrative (Number of Positions)		
Artistic (Number of Positions)		
Outside Artistic Fees and Services		
Other Outside Fees and Services		
B. Space Rental		
C. Travel (Mileage, Lodging, Meals)		
D. Marketing		
E. Remaining Operating Expenses		
F. Total Cash Expenses (A through E)		
G. Deduct total expenses paid from Federal sources including SDAC grant(s) (From M below)	()	
H. Total Eligible Cash Operating Expense (Total of F minus G)		

INCOME	Income Most Recent Fiscal Year Ending	Income Current Fiscal Year
I. Admissions		
J. Contracted Services Revenue		
K. Other Revenue (Please specify)		
L. Cash Support Corporate Foundation Other Private		
M. Government Support City/County Regional/State Federal Other SDAC Grant(s)		
N. Applicant Cash		
O. Total Application Cash Income (I through N)		
P. Grant Amount Requested from SDAC (10% of Total Eligible Cash Operating Expense from H above)		

ARTISTIC DOCUMENTATION FORM

Support Materials: Artistic documentation of the artist's work is necessary for the panel to evaluate the application. List below the materials you have included in support of your application. For slides or digital images, list the number, title, medium, date of completion, and actual size of the work. Send no more than 10 digital images. Do NOT send original artwork. Identify DVDs, and CDs as to type, discipline, title, and date of completion of recorded work. For literary manuscripts, list the title of the work, the genre, year the work was completed, and the publication date (if applicable). **See Artistic Documentation for a complete description of individual discipline requirements.**

Applicant Name: _____ **Discipline:** _____

DIGITAL IMAGES

Number	Title	Size*	Medium	Date of Completion
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			
6.	_____			
7.	_____			
8.	_____			
9.	_____			
10.	_____			

* Height (top to bottom); Width (left to right); Depth (front to back) [HxWxD]

CDs, DVDs

	Title of Recording	Type (CD, DVD)	Discipline	Date Recorded
1.	_____			
2.	_____			
3.	_____			

Number and label each recording with the title you have listed on the application form.

MANUSCRIPTS

	Title of Work	Genre	Date Completed	Date Published (if applicable)
1.	_____			
2.	_____			
3.	_____			

A mailer with postage for the return of artistic documentation is enclosed. Yes No